

Metropolitan Achievement Tests

Complete Survey Battery

Name <u>John Doe</u>	Grade <u>5</u>
Teacher <u>Mrs. Johnson</u>	Date of Testing <u>1/1/05</u>
School <u>Elementary School</u>	City <u>Los Angeles</u>
State <u>CA</u>	

Score Summary Box

Test	Number Possible	Number Right	Scaled Score	Grade Equivalent Rank	Percentile	Stanine	Instructional Reading Level			
							1	2	3	4
Reading	60	51	694	4.6	72%	1	2	3	4	5 (6)
Mathematics	50	24	534	3.2	36%	1	2	3	4 (5)	6
Language	60	43	629	4.7	66%	1	2	3	4 (5)	6
Science	45	25	556	4.0	58%	1	2	3	4 (5)	6
Social Studies	45	27	599	4.7	74%	1	2	3	4 (5)	6
Basic Battery (R+M+L)	170	118	620	4.2	61%	1	2	3	4	5 (6)
Complete Battery (Basic + S+SS)	260	170	597	4.2	61%	1	2	3	4	5 (6)

Percentile Ranks and Stanines based on tables for

Fall Spring

READING									
Performance by grade level of reading passages									
Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11
<input type="checkbox"/> 12	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 11	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 32	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 4
Performance by objective									
<input type="checkbox"/> 04 Vocabulary Specific	<input type="checkbox"/> 05 Literal Specific	<input type="checkbox"/> 06 Inferential Global	<input type="checkbox"/> 07 Inferential Specific	<input type="checkbox"/> 08 Inferential Global	<input type="checkbox"/> 09 Evaluative	<input type="checkbox"/> 10	<input type="checkbox"/> 13	<input type="checkbox"/> 10	<input type="checkbox"/> 11
<input type="checkbox"/> Listening Comp.	<input type="checkbox"/> Numeration	<input type="checkbox"/> Geom & Problem Solving	<input type="checkbox"/> Operations	<input type="checkbox"/> Operations	<input type="checkbox"/> Operations	<input type="checkbox"/> 5	<input type="checkbox"/> 19	<input type="checkbox"/> 9	<input type="checkbox"/> 6
MATHEMATICS									
<input type="checkbox"/> 10	<input type="checkbox"/> 13	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 32	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 4
Performance by objective									
<input type="checkbox"/> 04 Vocabulary Specific	<input type="checkbox"/> 05 Literal Specific	<input type="checkbox"/> 06 Inferential Global	<input type="checkbox"/> 07 Inferential Specific	<input type="checkbox"/> 08 Inferential Global	<input type="checkbox"/> 09 Evaluative	<input type="checkbox"/> 10	<input type="checkbox"/> 13	<input type="checkbox"/> 10	<input type="checkbox"/> 11
<input type="checkbox"/> Listening Comp.	<input type="checkbox"/> Numeration	<input type="checkbox"/> Geom & Problem Solving	<input type="checkbox"/> Operations	<input type="checkbox"/> Operations	<input type="checkbox"/> Operations	<input type="checkbox"/> 5	<input type="checkbox"/> 19	<input type="checkbox"/> 9	<input type="checkbox"/> 6
LANGUAGE									
<input type="checkbox"/> 10	<input type="checkbox"/> 13	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 32	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 4
SCIENCE									
<input type="checkbox"/> 13	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 12	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 32	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 4
<input type="checkbox"/> I Knowledge Content Area	<input type="checkbox"/> II Compreension	<input type="checkbox"/> III Inquiry Skills	<input type="checkbox"/> IV Critical Analysis	<input type="checkbox"/> V Study Skills	<input type="checkbox"/> VI Grammar & Syntax	<input type="checkbox"/> VII Spelling	<input type="checkbox"/> VIII Reading Comprehension	<input type="checkbox"/> IX Writing	<input type="checkbox"/> X Oral Communication
<input type="checkbox"/> 11	<input type="checkbox"/> 14	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 13	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 7
SOCIAL STUDIES									
<input type="checkbox"/> 7	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 6	<input type="checkbox"/> 3	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 14
<input type="checkbox"/> I Knowledge Content Area	<input type="checkbox"/> II Comprehension	<input type="checkbox"/> III Inquiry Skills	<input type="checkbox"/> IV Critical Analysis	<input type="checkbox"/> V Study Skills	<input type="checkbox"/> VI Grammar & Syntax	<input type="checkbox"/> VII Spelling	<input type="checkbox"/> VIII Reading Comprehension	<input type="checkbox"/> IX Writing	<input type="checkbox"/> X Oral Communication
<input type="checkbox"/> 10	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 5	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	<input type="checkbox"/> 8
<input type="checkbox"/> Geography	<input type="checkbox"/> Sociology	<input type="checkbox"/> Economics	<input type="checkbox"/> Political Science	<input type="checkbox"/> History	<input type="checkbox"/> Anthropology	<input type="checkbox"/> Psychology	<input type="checkbox"/> Sociology	<input type="checkbox"/> Economics	<input type="checkbox"/> Political Science

Cluster Analysis

009093

Metropolitan Achievement Tests

Complete Survey Battery

Name <u>See, Name</u>	Grade <u>4th</u>
Teacher <u>Mrs. Myron</u>	Date of Testing <u>11/11/1971</u>
School <u>W. D. B. T.</u>	City <u>Minneapolis</u>
	State <u>Minneapolis</u>

Score Summary Box

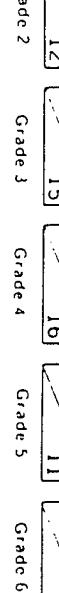
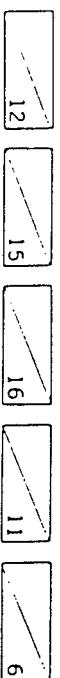
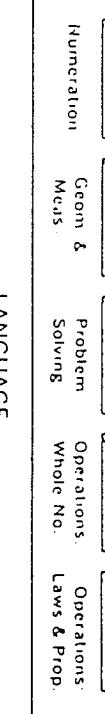
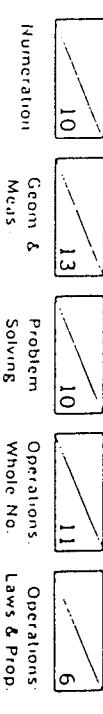
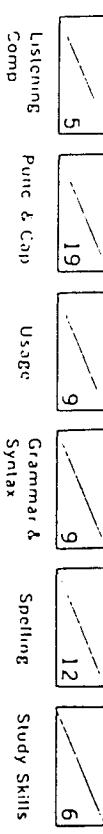
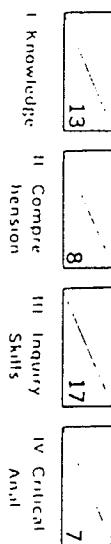
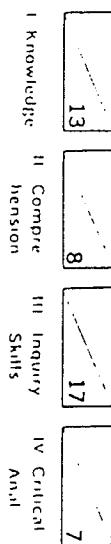
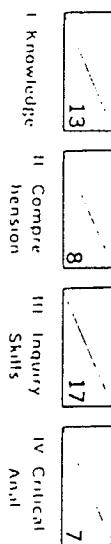
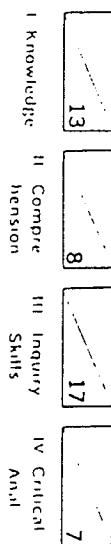
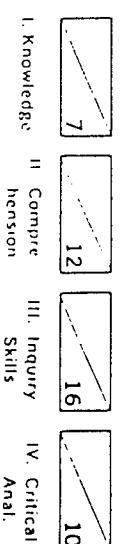
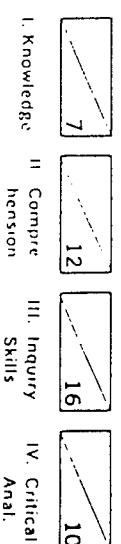
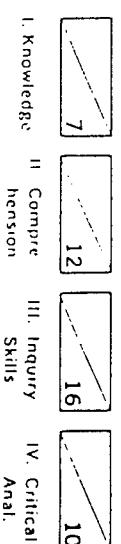
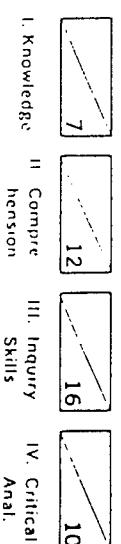
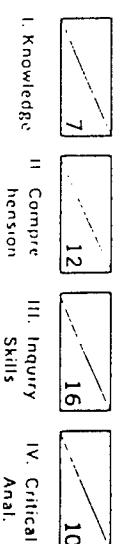
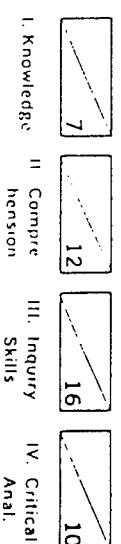
Test	Number Possible	Number Right	Scaled Score	Grade Equivalent Rank	Percentile Rank	Stanine	Instructional Reading Level
------	-----------------	--------------	--------------	-----------------------	-----------------	---------	-----------------------------

Reading	60	<u>49</u>	<u>684</u>	<u>4.2</u>	<u>42</u>	1 2 3 4 <u>5</u> 6 7 8 9	<u>4</u>
Mathematics	50	<u>21</u>	<u>507</u>	<u>2.8</u>	<u>10</u>	1 <u>2</u> 3 4 <u>5</u> 6 7 8 9	
Language	60	<u>42</u>	<u>618</u>	<u>4.4</u>	<u>44</u>	1 2 3 4 <u>5</u> 6 7 8 9	
Science	45	<u>29</u>	<u>603</u>	<u>4.9</u>	<u>50</u>	1 2 3 4 <u>5</u> 6 7 8 9	
Social Studies	45	<u>28</u>	<u>609</u>	<u>4.9</u>	<u>50</u>	1 2 3 4 <u>5</u> 6 7 8 9	

Basic Battery (R+M+L)	170	<u>112</u>	<u>605</u>	<u>3.8</u>	<u>30</u>	1 2 3 <u>4</u> 5 6 7 8 9
Complete Battery (Basic+S+SS)	260	<u>169</u>	<u>589</u>	<u>4.1</u>	<u>38</u>	1 2 3 <u>4</u> 5 6 7 8 9

Percentile Ranks and Stanines based on tables for Fall Spring **READING**

Performance by grade level of reading passages

**MATHEMATICS****LANGUAGE****SCIENCE****Behavior****SOCIAL STUDIES****Behavior**

009094

Cluster Analysis

COMMUNITY DIAGNOSTIC AND TREATMENT CENTER

A Division of Central Psychiatric Clinic

909 Sycamore Street, Suite 300

Cincinnati, Ohio 45202

Phone: (513) 651-9300

Fax: (513) 352-1345

WALTER S. SMITSON, PH.D.
Executive Director

NANCY SCHMIDTGOESSLING, PH.D.
Director

WILLIAM WALTERS, PH.D.
Assistant Director

GAIL HELLMANN, M.D.
Medical Director

MARILYN GEEDING, L.I.S.W.
Treatment Coordinator

SHERRY SANDERS, L.P.C.C.
Forensic Liaison

CHARLOTTE E. HOLLAND
Office Manager

BOARD OF TRUSTEES:

HON. DAVID E. GROSSMANN
Chairman

MR. ROBERT F. RECKMAN
Vice Chairman

MR. CHARLES THOMAS
Secretary

DR. TIMOTHY E. JOHNSON
Treasurer

MS. CAROL A. BOYD

DR. M. PHOEBE BROWN

MRS. LOIS COHEN

MS. JANIS M. DAY

MS. DAPHNE DICKENS-KING

MR. JEFFREY S. GOODMAN

MR. WENDELL E. HAWKINS

HON. TIMOTHY S. HOGAN

DR. C. ROBERT KILBY

MR. EDWARD H. KIM

MR. ARUN LAI

MR. THOMAS B. SCHERPENBERG

MR. DANIEL J. VALERIO

UNIVERSITY LIAISON

DONALD C. HARRISON, M.D.

JAMES RANDOLPH HILLARD, M.D.

September 2, 1994

Central Baptist School
Attn: School Records
7645 Winton Road
Cincinnati, Ohio 45214

RE: Lee Edward MooreDOB: 10-19-74

TO WHOM IT MAY CONCERN:

Enclosed is a signed Authorization for Release of Information form regarding the above-named person.

Our agency is under a very strict time-frame to provide a comprehensive report to the Court, therefore, we would greatly appreciate information from you as soon as possible.

Thank you in advance for your prompt and courteous attention to this matter.

Sincerely,

Jenny O'Donnell, B.S.
Psychology Trainee

CENTRAL PSYCHIATRIC CLINIC
 COMMUNITY DIAGNOSTIC AND TREATMENT CENTER
 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202
 513-651-9300

I, the undersigned, hereby authorize the Community Diagnostic and Treatment Center to release/obtain information from records pertaining to the person named below to/from the agency/person indicated. This authorization includes release of information concerning evaluation/treatment of drug or alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV). All matters pertaining to client records are considered privileged and confidential and are treated as such by the employees of the program. Information regarding such matters cannot be given without the consent of the client. PROHIBITION ON REDISCLOSURE: Information disclosed or requested from records whose confidentiality is protected by Federal or State Law, may not be disclosed without the specific written consent of the person to whom it pertains.

AGENCY/PERSON

Central Baptist SchoolAttn: SchoolRecords

ADDRESS

7645 Winton Road; (14)

PURPOSE/NEED FOR DISCLOSURE of information between Community Diagnostic and Treatment Center and the agency/person named above: Aid in court-ordered evaluation/treatment of the person named below. OR _____

The following information may be released or reviewed:

- | | |
|---|--|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Reports of Tests or X-rays |
| <input type="checkbox"/> Face Sheet with Final Diagnosis | <input type="checkbox"/> Emergency Treatment(s) |
| <input type="checkbox"/> Complications & Operative Procedures | <input type="checkbox"/> Outpatient Clinic Notes |
| <input type="checkbox"/> History and Physical | <input checked="" type="checkbox"/> Specify Clinic: _____ |
| <input type="checkbox"/> Consultative Report(s) | <input checked="" type="checkbox"/> Other <u>All Records</u> |
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Emergency Department |
| | <input type="checkbox"/> Outpatient |

This Authorization for Release of Information may be revoked by me at any time with written notice to the parties involved, except to the extent action has been taken prior to revocation. This Authorization for Release of Information will expire ninety (90) days after date below, or sooner by my choice, in which case this consent will expire on _____.

I hereby acknowledge that I have read and fully understand the above statements as they apply to me. I hereby consent to the disclosure of the records to the purpose and extent stated above.

FULL NAME OF CLIENT Lee Moore Middle (Edward)J. Lee E. Moore Jr.
(Signature of Client)Date of Birth 10-19-749-1-94Social Security No. [REDACTED]

(Date)

PLEASE FORWARD REQUESTED INFORMATION TO: Jenny O'Donnell

Community Diagnostic and Treatment Center, 909 Sycamore Street, Suites 300 and 400, Cincinnati, OH 45202.

This authorization was facilitated by Debra Johnson

(Staff member's signature)

Date 9-1-94

c: To be retained in Client Record

PLEASE FILL OUT THE COMPLETE FORM

STUDENT APPLICATION

New Student
Old Student Name of school district in which you reside Mt. HealthyStudent's Name J. Moore, Last Lee First E. MiddleAddress 1280 Meredith St. Centi, Ohio 45231

Street City State Zip Code

Home Phone 522-1092 Age 5 Date of Birth 9/9/74 Sex M Grade 1st Permission forField Trips yes Place of Birth Hamilton, Ohio

County State

Father's Name J. Moore, Last Lee First E. MiddlePlace of Employment City of Centi Phone —Mother's Name Moore, Last Georgia First L. MiddleHave parents been separated? no Divorced? no Remarried? noIf Mother works List Company Address and Phone G. H. D. -4726 Smith Rd, Norwood, Ohio 45212Dr's Name Vockell Phone 521-3042 Person to call if parents cannot be reached Evelyn Rolland Phone 522-6512 List name and address of school where records may be obtained —Zip code —. Has the child ever failed —if so, explain —Been Suspended? — if so, explain —Been expelled? — If so, explain —Church affiliation True Stone Baptist Member? yes attend regular yes often — Seldom — is child member of church no

We understand that the Central Baptist Schools operates on an extremely tight financial budget and that it is absolutely necessary that all tuition be paid promptly on the first of each month. If for any reason we do not pay our tuition we understand that there will be a penalty charge of 3% on the balance due and it will be collected by the school or an agency.

Our Payments will be paid the first of each month in 9 equal payments ✓, in 12 equal payments —, or full payment by Sept. 1, 1980 for a 5% discount —. We also agree to uphold the Rules of Conduct stated in the School Handbook, and grant to School Authorities the right to discipline our child as stated. We will also see that our child abides by the dress code and will cooperate with the teacher.

SIGNATURE OF MOTHER OR FATHER Georgia L. Moore

009097

By fm 08/08/86 - st
Re # 131
Date 7-5-81
New Student _____
Old Student

Please Fill out
The Complete Form

CENTRAL BAPTIST SCHOOLS
STUDENT APPLICATION

Date 7-5-81
New Student _____
Old Student

Name of school district in which you reside 1927 Kennesaw

Student's Name Laura Lee Lee Lee
Last First Middle

Home Address 1280 Kennesaw Rd. Kennesaw GA 30050
Street City State Zip Code

Home Phone 577-1012 Age 6 Date of Birth 10-19-74 Sex F

Grade 2 Permission for Field Trips yes Place of Birth Kennesaw
County Marshall

State GA
Father's Name Laura Lee Lee
Last First Middle

Place of Employment _____ Phone _____

Mother's Name Laura Lee Lee
Last First Middle

Have parents been separated? _____ Divorced? yes Remarried? _____

If Mother works list Company, Address and Phone W.M. American Ins.
Telephone Plant, P.O. Box 1212, Atlanta GA 30312 800-5000

Dr's Name Lucie Green Phone 51-3042 Person to call if parents
cannot be reached Lucie Green Phone 51-8346 List name and address
of school where records may be obtained _____

ZipCode _____ Has the child ever failed _____

if so, explain _____

Been suspended? _____ if so, explain _____

Been expelled? _____ if so, explain _____

Church affiliation Central Baptist Member? yes Attend regular yes
often Seldom is child member of church no

We understand that the Central Baptist Schools operates on an extremely tight financial budget and that it is absolutely necessary that all tuition be paid promptly on the first of each month. If for any reason we do not pay our tuition we understand that there will be a penalty charge of 35% on the balance due and it will be collected by the school or an agency. Our Payments will be paid the first of each month in 9 equal payments in 12 equal payments, or full payment by Aug. 31, 1981 for a 5% discount. We also agree to uphold the Rules of Conduct stated in the School Handbook, and grant to School Authorities the right to discipline our child as stated. We will also see that our child abides by the dress code and will cooperate with the teacher.

SIGNATURE OF MOTHER OR FATHER Laura Lee

CENTRAL BAPTIST SCHOOLS
7645 Winton Road
Cincinnati, Ohio 45224

Complete All Blanks on Application-
Please Print or Type

Date Received _____
New Student _____
Old Student _____
Reg. Fee Rec'd _____
Date Accepted _____
Date Rejected _____
Date Notified _____

5/17/82
✓
1392

Applying for grade 3

Student's Name Maeore Lee
Last First L. Middle
Present Address 1280 Meredith City, Centri, Ohio State Zip 45231
Street

Phone 522-1092 Age 7 Sex M Birth Date 10/19/74 Birthplace Cinci

Last school attended before C.B.S. _____ Grade _____

Has applicant ever failed a grade, been dismissed, or suspended? No

If so, Please explain _____

Has applicant been in any special programs such as remedial reading, remedial math, special education, etc. (please be specific) No

PERSONS OTHER THAN PARENTS WHO COULD BE CONTACTED IN CASE OF EMERGENCY:

Name Lizzie Ciles Relation Grandmother Phone 221-8346

Name _____ Relation _____ Phone _____

Doctor's Name Dr Vockee Phone 761-1533

Name of Father/Legal Guardian _____ Job Title _____

Employer of Father/Legal Guardian _____ Phone _____ Ext. _____

Name of Mother/Legal Guardian Georgia Maeore Job Title St. Clerk

Employer of Mother/Legal Guardian G. Assembly Phone 841-5339 Ext. _____

Does applicant live with Father and Mother? — Father only? — Mother only? If

Guardian only? — Has either parent been divorced? — Is Father of applicant

a Christian? — Mother yes — Guardian? — Does applicant know Jesus Chr

as Personal Savior? — (to be answered only by those students in grades 7-

If so, please give brief testimony (tobe answered by student only)

Name of church attended by family Fifth Street Tabernacle Bapt Ch

School District in which you reside Mt. Healthy

Please list District and not local school since we are required to file report
with each district.

009099 /

The Central Baptist School
students of any race, color, or ethnic
origin to all the rights, privileges,
programs and activities."

Schools
7645 Winton Road
Cincinnati, Ohio 45223

Complete All Blanks on Application-
Please Print or Type

Date Received
New Student
Old Student
Reg. Fee Rec'd
Date Accepted
Date Rejected
Date Notified

5/6/83

#2617

Applying for grade 4

Student's Name Moore, Lee
Last First Middle

Present Address 1280 Meredith Cinci Ohio 45231
Street City State Zip

Phone 522-9203 Age 8 yrs Sex M Birth Date 10/19/74 Birthplace Cinci, OH

Last school attended before C.B.S. — — Grade — —

Has applicant ever failed a grade, been dismissed, or suspended? No

If so, Please explain. — — — —

Has applicant been in any special programs such as remedial reading, remedial math, special education, etc. (please be specific) No

PERSONS OTHER THAN PARENTS WHO COULD BE CONTACTED IN CASE OF EMERGENCY:

Name Jackie Johnson Relation sister Phone 961-7010

Name Beverly Parker Relation sister Phone 530-3603

Doctor's Name Dr. James Kegler Phone 961-4420

Name of Father/Legal Guardian Lee E. Moore, Sr. Job Title Cement Finish

Employer of Father/Legal Guardian City of Cinci Phone — Ext. —

Name of Mother/Legal Guardian Gearbie L. Moore Job Title Sr. Clerk

Employer of Mother/Legal Guardian O.H. Cass Div. Phone — Ext. —

Does applicant live with Father and Mother? — Father only? — Mother only? X

Guardian only? — Has either parent been divorced? yes Is Father of applicant a Christian? No Mother yes Guardian? — Does applicant know Jesus Christ as Personal Savior? — (to be answered only by those students in grades 7-12)

If so, please give brief testimony (tobe answered by student only)

Troyed

Name of church attended by family Stone Missionary Baptist Church

School District in which you reside MT. Healthy-Colerain Twp.

Please list District and not local school since we are required to file reports with each district.

MT. HEALTHY CITY SCHOOLS
DEPARTMENT OF PUPIL PERSONNEL

(Signature)
REX RALPH ELEMENTARY SCHOOL
1310 ADAMS ROAD
CINCINNATI, OHIO 45231

Parent Consent for Record Release

As Parent and/or Guardian of:

Name of Student Lee E. Moore, Jr. +

Date of Birth 10/19/77

Grade in School 4

Reason for Request:

Changing Schools

Sept 9/18/84

Specific Records/Data to be Released:

All Health

All academic available

RELEASED TO:

I have been informed that I have a right to receive a copy of records being sent and will be charged a fee for their reproduction.

Date 8-20-84

Georgia L. Moore +
Signature

STAFF MEMBER:

Gen Welker
Name

another
Relationship

Secty
Title

Address

REX RALPH ELEMENTARY SCHOOL
1310 ADAMS ROAD
CINCINNATI, OHIO 45231

KINDERGARTEN PROGRESS REPORT

NAME MARJORIE

LANGUAGE DEVELOPMENT

Basic Knowledge

Knows full name.....

Knows complete address.....

Knows telephone number of home.....

Knows days of week.....

Knows basic colors.....

Knows left from right.....

Knows basic shapes.....

Skills and Habits

Speaks clearly and is easily understood.....

Uses adequate vocabulary to express ideas.....

Shows interest in books, stories, poetry, and pictures.....

Writes letters and numerals with reasonable skill.....

Prints his name.....

Letters and Sounds

Recognizes sounds of letters taught.....

Knows names of letters taught.....

Can blend sounds into words.....

THINKING SKILLS

Expresses his own ideas before group.....

Uses thought to give sensible answers.....

COUNTING AND MEASURING

Recognizes numerals.....

Understands counting order.....

Understands quantity of numerals.....

Estimates with reasonable accuracy.....

Understands number facts and skills taught.....

ART

Demonstrates ability to work with a variety of art media.....

MUSIC

Takes part in rhythmic activities.....

Participates in singing.....

BIBLE WORK

Lists and discusses.....

Fulfils memory work.....

Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y

009102

-20

These evaluations are the teacher's appraisal of your child's own progress in relation to that which is normally expected of kindergarten children.

Page

005

100

000235

SJD-MRM

HYSICAL DEVELOPMENT
Shows large muscle control in activities such as skipping, running, and hopping.....
Demonstrates small muscle control when handling crayon, pencil, and scissors.....

SOCL AND EMOTIONAL DEVELOPMENT
Has made friends in school.....
Shows self-confidence.....
Respects rights and properties of others.....
Gets along with other children.....
Shares materials and helps willingly.....
Is courteous.....
Shares teacher's attention.....
Responds favorably to correction.....

SHOPED MRM
LTH AND SAFETY HABITS
Practices good health habits.....
Follows safety habits and rules of school.....

Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y

Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y

Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y

Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y

RWORK HABITS
Listens attentively.....
Follows directions.....
Works independently.....
Completes assigned work.....
Shows reasonable attention span.....
Does his share of cleaning up.....

Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y

Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y
Y	Y	Y	Y	Y

CENTRAL BAPTIST SCHOOL
7645 Winton Road
Cincinnati, Ohio 45224

NAME: **MOLLY**
Date of birth: **1/20/1981** Middle initial: **L**
Place of birth: **Columbus, OH** (State) **(IN, PA)** (Check)

PUPILS CUMULATIVE RECORD

[City, County, Ex. Village, Private or Parochial]
Date of leaving School
if not graduated

009103

NAME OF SCHOOL	Grade	Firgry Semester	School Year	NAME OF TEACHER	Study Habits	Conduct	Days Present	Days Absent	Times Tardy	Reading	Writing	Spelling	Arithmetic	Language or Gram.	Geography	History or Civics	Physiology	Health and Phys. Ed.	Music	Art	Bible	Social St	Phys. Ed.	Science
CJB	1	81-82	Miss. MCCRACKEN	C 180	D	4	B	D+	B	C	B	C	B	B	B	B	B	B	B	B	B	B	B	
CJB	2	81-82	Miss. SINGLETARY	C 179	1	2	C	B	B	C	B	C	B	C	C	C	C	C	A	B	C	B	B	
CJB	3	82-83	MISS REEDER	C 174	0	0	C	C	C	B	C	B	B	B	B	B	B	B	B	A	B	C	B	
CJB	4	83-84	MRS. BYRD	C 174	0	0	C	C	C	F	F	F	B	B	B	B	B	P	P	D	P	C	B	

Cause of Leaving

SEMESTER RATING ELEMENTARY GRADES (1-8)											

EDUCATIONAL TEST DATA																	
School	Grade	Date	Name of Test	Form	Score	Sign.	%	G.E.	School	Grade	Date	Name of Test	Form	Score	Sign.	%	
CJB	1	1/17/82	Math-fraction	15	12	f	100										
"	2	4/18/82	"	"	"	"	"										
CJB	3	4/18/82	SC & folder	15	12	f	100										
CJB	4	4/18/82	"	"	"	"	"										

EDUCATIONAL TEST DATA																	
School	Grade	Date	Name of Test	Form	Score	Sign.	%	G.E.	School	Grade	Date	Name of Test	Form	Score	Sign.	%	
CJB	1	1/17/82	Math-fraction	15	12	f	100										
"	2	4/18/82	"	"	"	"	"										
CJB	3	4/18/82	SC & folder	15	12	f	100										
CJB	4	4/18/82	"	"	"	"	"										

The Grading System Is as Follows: A (Exceptional) 100-93 B (Above Average) 92-85 C (Average) 84-75 D (Below Average) 74-70 F (Failing)

EDUCATIONAL TEST DATA

Teacher Name:

Student Name, L.S.: Barbara

Subjects	FIRST	SECOND	THIRD	FOURTH	FINAL
Bible	D+	B	B	A	B-
Health	C+	B-	A-	B	B
Language Arts			C+	C-	C
Mathematics	A	C	A-	B	88.75
Reading	B	A	B	B	B
Science	B	A-	C+	C-	B-
Social Studies	C+	B	B	B-	B-
Spelling					
MUSIC	B	B	B	B	B
Art	B	C	B	C+	B-
Physical Ed.	B	B	A	A	B+
Conduct	C	C	C-	C+	C
Relationship	D+	C-	D+	D	D+

No. DMS Assess	0	0	0	0	0
No. DMS Present	43	42	48	47	180
No. TRIPS	1	0	3	0	4

FIRST SECOND THIRD FOURTH FINAL

009104

Teacher: Mrs. Singleton
Grade: 2

Student: Moore, Lee

Year: 1981-82

Subject	First	Second	Third	Fourth	Total
Art	B	C	B	C	C
Bible	90 B	85 B	81 C	C	C
Conduct	C	C	C	C	C
Health			75 C	79 C	C
Language	90 B	88 B	85 B	C	B
Mathematics	83 C	70 D	74 D	79 C	C
Music	B	C	C	C	C
Pennmanship	A	B	C	C	B
Physical Ed	C	C	C	B	C
Reading	C	C	B	C	C
Science	B	C	B	C	C
Social St.	B	C	C	C	C
Spelling	B	B	B	C	B
No. Days Present	43	44	46	46	179
No. Days Absent	0	0	1	0	1
No. Tardies	0	0	0	0	0
	First	Second	Third	Fourth	Total

L'central Baptist School / S
 Case 1:00-cv-00023-SJD-MRM Document 124-10 Filed 08/08/2005 Page 14 of 20

Teacher Miss Rudolph
 Grade 3

Student Moore, Lee Year 1982 - 1983

Subjects	FIRST	SECOND	THIRD	FOURTH	FINAL
Art	B	B	C	B	B
Bible	94-A	96-A	87-B	97-A	94-A
Conduct	C	C	C	C	C
Health	91-B	81-C	83-C	89-B	86-B
Language	86-B	92-B	84-C	90-B	88-B
Mathematics	79-C	83-C	80-C	84-C	82-C
Music	A	90/B	C	B	B
Penmanship	84-C	84-C	85-B	84 C	84 C
Physical Ed	C	C	C	C	C
Reading	85-B	83-C	83-C	80-C	83-C
Science	83-C	95-A	89-B	89B	89B
Social St	79-C	89-B	92-B	83 C	86 B
Spelling	91-B	92-B	85-B	80-C	87-B
No. Days Present	46	44	44	42	176
No. Days Absent	1	6	2	0	4
No. Tardies	1	0	0	0	0

Comments.

Passed

Lee is in the speech program. Probation

His grades do not reflect his Conditional
 potential. Retained

Teacher Mrs. BoydGrade 4Student Lee MooreYear 1983 - 1984

Subjects	First	Second	Third	Fourth	Final
Art	P	P	P	P	P
Bible	91 B	74 D	69 F	48 F	70 D
Conduct	D	C	C	C	C
Health/Science	88 B	75 C	75 C	68 F	76 C
Language	82 C	71 D	61 F	62 F	69 F
Mathematics	77 C	74 D	72 D	50 F	68 F
Music	P	P	P	P	P
Penmanship	91 B	73 D	72 D	70 D	76 C
Physical Ed.	P	P	P	P	P
Reading	85 B	80 C	72 D	70 D	76 C
Social St.	85 B	83 C	78 C	50 F	74 D
Spelling	90 B	74 D	76 C	71 D	78 C
No. Days Present	41½	41	44	42	168½
No. Days Absent	½	5	2	4	1½
No. Tardies	1	0	0	0	0

Comments

Lee needs help with basic math facts. He has difficulty in finishing a task. He has poor concentration. Very immature. Has trouble relating to others, never thinks he is wrong.

 Passed Probation Condition Retained

009107

IMPORTANT HABITS AND ATTITUDES

Listed below are some of the habits and attitudes considered important in Christian schools.

Student Lee

Christian Conduct	1	2	3	4	F ^{inal}
Manifests a responsive attitude toward spiritual matters, such as the Word of God, devotions, etc.					
Is humble and shows Christian love and forbearance toward others during work and play.					
Is respectful, giving prompt and cheerful obedience.					
Is courteous, helpful, and cooperative toward others.	D				
Respects rights and property of others.	D				
Works independently without disturbing others.					
Uses time to good advantage.	D				
Perseveres in face of difficulty.					
Listens attentively, showing interest in work at hand.					
Is conscientious and prompt in completing assignments.					
<u>Conduct</u>	D	C	C	C	
TEACHER'S EVALUATION OF STUDENT'S PASSING STATUS					

year 1983 - 1984



Office of the Ohio Public Defender
8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 644-9972

DAVID H. BODIKER
State Public Defender

Date Rec'd

1st Follow-up

2nd Follow-up

October 13, 1999

University Hospital
234 Goodman
Cincinnati, Ohio

Attention: Medical Records

Re: State of Ohio v. Lee E. Moore

Dear Sir/Madam:

Please be advised that the Ohio Public Defender is representing Lee E. Moore in the above referenced matter. The information requested herein is necessary for a detailed social history to be completed on his behalf.

In our efforts to properly represent Mr. Moore we are requesting that you provide us with any and all medical records regarding Mr. Moore. These records should include, but are not limited to:

MEDICAL

- admission and release dates;
- presenting problems, diagnoses, treatment plans
- and attending physicians' names'
- referrals, if applicable;
- prescriptions;
- testing and test outcomes including: X-rays,
- psychological evaluations, urine
- tests, blood tests, CAT scans, etc.

009109

University Hospital
October 13, 1999
Page Two

To assist you in locating these records, Mr. Moore's birthdate is 10/19/74 and his social security number is [REDACTED]. His parents are Lee & Georgia Moore.

In addition to our records request stated above please indicate the name of your agency's custodian of records, as it may be necessary to have the authenticity of the documents verified. Please forward this information to Ohio Public Defender, Attn: Jessica H. Love on or before October 27, 1999.

An authorization for release of all such records is enclosed for your files.

Sincerely,

Jessica H. Love
Mitigation Specialist

JL/cw

Enclosure

#99388v1

009110



Office of the Ohio Public Defender

8 East Long Street
Columbus, Ohio 43215-2998
(614) 466-5394
FAX NUMBER: (614) 723-3670

AUTHORIZATION TO RELEASE INFORMATION

TO: University Hospital
234 Goodman
Cincinnati, OH

RE: State of Ohio v. Lee E. Moore
DATE: 10/13/99

You are hereby authorized to release to the Office of the Ohio Public Defender all records or other documents currently in your possession. Their representative may examine and make copies of all of my medical, psychological, hospital, police, and employment records, or any other records he/she may deem necessary in his/her work on my behalf. You are authorized to discuss these records and any other matters concerning me with said representative and are asked to assist him/her on the current investigation.

This authorization includes release of information concerning background, testing, and treatment of drug and alcohol abuse, drug-related conditions, alcoholism, psychiatric/psychological conditions, Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and/or tests for antibodies to the AIDS virus (HIV).

Lee E. Moore
Client's Signature

WITNESS:

009111

10/26/99

PUBLIC DEFENDERS OFFICE
8 EAST LONG STREET

COLUMBUS, OH 43215

LEE MOORE
24174

DEAR REQUESTOR:

We are returning your request for medical information on the above named patient. We cannot honor this request for the following reasons:

CHART UNAVAILABLE
CHART UNAVAILABLE

If you still need the information, please re-request it within 30 days. Be sure to include your original letter.

If you have any questions, please contact us and we will be happy to further assist you.

Please refer to transaction number 24174 in all future correspondence regarding this request.

Thank you
MEDICAL RECORDS
(513) 584-6188

The University Hospital
234 Goodman Street
Cincinnati, Ohio 45219

009112